

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

FILEDUS DISTRICT COURT
WESTERN DISTRICT
OF ARKANSAS

Jul 10, 2018

OFFICE OF THE CLERK

UNITED STATES DISTRICT COURT

for the

Western District of ArkansasFort Smith DivisionEric Shew

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

"See Attached"

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No. **18-6062**

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☒ Yes ☐ No

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Eric Shew

Street Address

General Delivery

City and County

Colorado Springs, EL Paso

State and Zip Code

Colorado80903

Telephone Number

719-310-2465

E-mail Address

ericshew03241976@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

Defendant No. 1

Name
Job or Title *(if known)*
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address *(if known)*

City of Hot Springs

Hot Springs, Garland
Arkansas

Defendant No. 2

Name
Job or Title *(if known)*
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address *(if known)*

Shawn Lowrey
Hot Springs Police Officer
641 Melvern Ave
Hot Springs, Garland
Arkansas 71901
501-321-6789

Defendant No. 3

Name
Job or Title *(if known)*
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address *(if known)*

Les Sessup
Hot Springs Police Officer
641 Melvern Ave
Hot Springs, Garland
Arkansas 71901
501-321-6789

Defendant No. 4

Name
Job or Title *(if known)*
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address *(if known)*

Michael Stone
Hot Springs Police Officer
641 Melvern Ave
Hot Springs, Garland
Arkansas 71901
501-321-6789

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☒

Federal question

☐

Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, *(name)* _____, is a citizen of the State of *(name)* _____.

b. If the plaintiff is a corporation

The plaintiff, *(name)* _____, is incorporated under the laws of the State of *(name)* _____, and has its principal place of business in the State of *(name)* _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)**a. If the defendant is an individual**

The defendant, *(name)* _____, is a citizen of the State of *(name)* _____. Or is a citizen of *(foreign nation)* _____.

b. If the defendant is a corporation

The defendant, (name) _____, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) _____.
Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

"See Attached"

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I am asking for punitive damages in the amount of \$750,000 defendants did knowingly and recklessly show deliberate indifference maliciously violating my rights afforded to me as a citizen of U.S.A. the rights they swore to protect under color of law.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: Fe: July 6, 2018

Signature of Plaintiff

Printed Name of Plaintiff

Eric Shaw
Eric Shaw

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

On 4-19-18 at 11:10 pm I was involved in a ~~petrol~~
with a 20 yr old motorcyclist name Matthew Tadlock. I
was extremely distraught by the site of Mr Tadlock bleeding
and unconscious, but immediately went to aid Mr Tadlock with
another female witness and all as the operator gave us in-
structions in CPR, until paramedics arrived.

Officer Shawn Lawrey began interviewing witness's
one by the name of David Shaw who ~~int~~ introduced him self
to me at the scene along with a gentle man he was with
proceeded to tell officer Lawrey that the accident
was not my fault. Mr Lawrey's superior officer then told
him very loudly "Go Get those witness's names". Still
here are no witness's or there statements in Report.

Claim #1 Denied Due process Officer Lawrey did deliberately and
deliously not list witness's on report because there testimony
was in Mr. Shaw's favor.)

I was distraught over the death of Mr Tadlock as per-
edics notified me he was deceased. Officer Lawrey told me
that it was not my fault and that I had did nothing wrong.
He told me to sit in the back of a petrol car so I
didn't have to look at the scene and that he would leave
the door open and I did nothing wrong.

Suddenly the door was slammed and locked. (Claim #2
Ilke Imprisonment Officers Lawrey and Stone locked
me in the back of petrol car with no probable cause or
justification. No Criminal Charge.) Officers proceeded to hit
the lock button around 3 times as a form of mental abuse.
Officer stone then told me that I could voluntarily give
blood sample or he would get a warrant. ~~XXXXXXXXXXXXXXXXXXXX~~

I was then driven back to the back of the police car to CHI ST VINCENT HOSPITAL where I was escorted to the E.R. by Officer Stone and his female partner. Officer Stone then told E.R. staff that I was here to volunteer give a blood sample. I said I'm not here voluntarily I went to go pray at the crash site for Mr Tedlock and his family. Immediately handcuffs were placed on my by Officer Stone. (Claim #3 Denied Freedom of Religion - as soon as I said I wanted to go pray handcuffs were placed on me no p.c. no charge.)

Officer Stone then told me if I gave up my blood he would take off the cuffs. When he removed them I tried to leave my path was blocked by Officer Stone and his female partner. She (Stone's partner) then dialed a number on her cell phone (not dispatch radio) "ask what do we do he wants to leave" She hung up the cell phone and told Stone arrest him for driving on suspended. Handcuffs were now placed on me again.

~~Officer Stone then told me if I gave up my blood he would take off the cuffs. When he removed them I tried to leave my path was blocked by Officer Stone and his female partner. She (Stone's partner) then dialed a number on her cell phone (not dispatch radio) "ask what do we do he wants to leave" She hung up the cell phone and told Stone arrest him for driving on suspended. Handcuffs were now placed on me again.~~

I waited 40 mins until Det. Les Jessup arrived with a fake search warrant for my blood (Claim #4 False Swearing - officers tried to enforce their will upon me and medical staff with a false search warrant) Nurse would not proceed without my consent her was coerced by Officers Jessup, Stone, and female officers. Told that they had a warrant, Officer Stone then told Nurse and E.R. staff that I was a "scumbag" (Claim #5 Humiliation - Nurse said she does not care about that and He said NO as well.

I then sat in the back of patrol car in CHI
parking lot for about 15 more mins and was
transported to National Park Med. Center
10 miles away where I was dragged out of the
car slammed down on the concrete with handcuffs
on. (Claim #6 Excessive Force - by Les Jessup
put into wheelchair and push into ER. at NPMC
where again I refused and the ~~medical staff~~ medical staff
refused. I was then transported to Garland
Co Det. Center where officer Stone wrote
me a ~~citation~~ citation for Driving on Suspended
on 4-20-18 at 1:13 am two hours after the Acc
(Claim #7 Emotional Distress - the events of this
tragic night with police excessive force, violation
my civil and Constitutional Rights to the point I
am afraid of the HSP.D. and what they may
do to me. I lost my truck my father gave
to me on his death bed in Nov 2017 he di
in Feb 2018. It was towed from the scene I
could not afford to get it out and witness's were
purposely left off report to kept me from filing
insurance claim, but more importantly Mr Tadlock
and his family and what they went threw and
I went threw this kind of personal trouble is
a misconduct a malicious reckless deliberate
has given me much a

UNIFORM TRAFFIC TICKET AND COMPLAINT

CASE# _____ DEF.# _____

HOT SPRINGS POLICE DEPT. } SS. No. **375411**

HOT SPRINGS, AR 71901 SUMMONS

THE UNDERSIGNED, BEING DULY SWORN, UPON HIS OATH DEPOSES AND SAYS:

ON 17 THE 20 DAY OF May 2018 AT 1:15 P.M.

NAME Shawn Erik

STREET 210 Alchis St

CITY AND STATE Hot Springs, AR 71913 HM PHONE: None

AGE 26 D.O.B. 4-4-92 RACE W SEX M HT: 5-10 WT: 150

DRIV. LIC. No. 900746301 D CDL ☐ DID UNLAWFULLY (OPERATE) ☐ (PARK)

VEH. LIC. No. WVW 411 YR. 1 STATE TX MAKE GMC COLOR Silver

VIN # 16L2FC172713783968

UPON A PUBLIC HWY., NAMELY AT (LOCATION) Central Ave

EMPLOYED BY: _____ PHONE: _____

LOCATED IN THE CITY AND STATE AFORESAID AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE(S)

SPEEDING (OVER LIMIT) ☐ 0-10 MPH ☐ 11-20 MPH ☐ 21-25 MPH ☐ 26 & OVER MPH

(MPH IN _____ MPH ZONE) 27-51-201

<input type="checkbox"/> CARELESS / PROHIBITED DRIVING 27-51-104	<input type="checkbox"/> FAILURE TO YIELD 27-51-503
<input type="checkbox"/> DISOBEYED TRAFFIC SIGNAL 27-52-107	<input type="checkbox"/> CHILD SAFETY SEAT 27-34-104
<input type="checkbox"/> DISOBEYED STOP / YIELD SIGN 27-51-601	<input type="checkbox"/> IMPROPER TURN 27-51-401
<input type="checkbox"/> FAIL TO YIELD TO PEDESTRIAN 27-51-1202	<input type="checkbox"/> IMPROPER LANE CHANGE 27-51-302
<input type="checkbox"/> FOLLOWING TOO CLOSELY 27-51-305	<input type="checkbox"/> EXPIRED / NO VEH LIC. 27-14-304
<input checked="" type="checkbox"/> DRIVING ON SUSP / REVOKED D.L. 27-16-303	<input type="checkbox"/> EXPIRED / NO D.L. 27-16-602
<input type="checkbox"/> NO PROOF OF LIABILITY INS. 27-22-104	<input type="checkbox"/> D.W.I. 5-65-103
<input type="checkbox"/> NO OR IMPROPER SEAT BELT 27-37-702	<input type="checkbox"/> REFUSAL TO SUBMIT 5-65-205

ACCIDENT ☐ YES ☐ NO COMMERCIAL VEH. ☐ YES ☐ NO SEAT BELT ☐ YES ☐ NO

OTHER OFFENSE(S) (SPECIFY STATUTE NUMBER / COMMENT(S)) _____

COURT APPEARANCE 1 DAY OF May 2018

AT 1:00 A.M./P.M. DISTRICT COURT, 607 OUACHITA, RM 150.

I PROMISE TO APPEAR IN SAID COURT AT SAID TIME AND PLACE.

SIGNATURE X 7 1 10 2018

THE UNDERSIGNED FURTHER STATES THAT HE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT THE PERSON NAMED ABOVE COMMITTED THE OFFENSE HEREIN SET FORTH, CONTRARY TO THE LAW SWORN TO AND SUBSCRIBED BEFORE ME.

THIS _____ DAY OF _____ 2018

SIGNATURE OF OFFICER [Signature]

(NAME AND TITLE) _____ (BADGE No.) 10

COMMENTS: **375411**

533464

Drivers' Last Names SHAW, TADLOCK

Page 1 of 12

Juvenile Involved ☐ Yes ☒ No

ARKANSAS MOTOR VEHICLE CRASH REPORT

Severity ☒ Fatality ☐ Injury ☐ PDO

Rev. 2018-2

of Motor Vehicles
Automobiles, Motorcycles, etc.

2

Crash Report # 18L011716

of Non-Motorists
Pedestrians, Bicyclists, etc.

0

Investigating Agency HOT SPRINGS PD

Investigating Officer

OFC Lowrey

Shawn

133

Signature

Rank Last

First

Middle

Suffix

Badge #

CRASH DATE AND TIME

Date of Crash (MM/DD/YYYY)	Time of Crash (HH:MM AM/PM)	Date Police Notified	Time Police Notified	Date Police Arrived	Time Police Arrived
04/20/2018	11:10 PM	04/20/2018	11:11 PM	04/20/2018	11:12 PM

CRASH LOCATION

County	City	Latitude	Longitude
Garland	Hot Springs	34.505448° N	93.055090° W

Road/Street/Highway	Section	Log Mile	At Intersection With
7 (7)	090	10.431	ORANGE ST

Not in City, but _____ of the City Limits of _____
 Distance (feet or miles to two decimal places) Direction (N/S/E/W) City

Not at Intersection, but _____ of _____
 Distance (feet or miles to two decimal places) Direction (N/S/E/W) Reference point

CRASH FACTORS AND CONDITIONS

First Harmful Event 100 Overturn/rollover 101 Fire/explosion 102 Immersion, full or partial 103 Jackknife 104 Cargo/equipment loss or shift 113 Fell/jumped from motor vehicle 115 Object thrown or fallen on or near motor vehicle 198 Other non-collision	Location of First Harmful Event 100 On roadway 101 Shoulder 102 Median 103 Roadside 104 Gore 105 Separator 106 In parking lane or zone 107 Off roadway, location unknown 108 Outside right-of-way (trafficway) 999 Unknown	School Bus Related 000 No, school bus not involved 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved	Roadway Surface Condition 100 Dry 101 Wet 102 Snow 103 Slush 104 Ice or frost 105 Water (standing or moving) 106 Sand 107 Mud, dirt, or gravel 108 Oil 198 Other	Weather Conditions Check all that apply: <input checked="" type="checkbox"/> 100 Clear <input type="checkbox"/> 101 Cloudy <input type="checkbox"/> 102 Fog <input type="checkbox"/> 103 Smog <input type="checkbox"/> 104 Smoke <input type="checkbox"/> 105 Rain <input type="checkbox"/> 106 Sleet <input type="checkbox"/> 107 Hail <input type="checkbox"/> 108 Freezing rain or freezing drizzle <input type="checkbox"/> 109 Snow <input type="checkbox"/> 110 Blowing snow <input type="checkbox"/> 111 Severe crosswinds <input type="checkbox"/> 112 Blowing sand, soil, or dirt <input type="checkbox"/> 198 Other
Collision with Non-Fixed Object 200 Pedestrian 201 Pedalcycle 202 Other non-motorist 203 Railway vehicle (train, engine) 204 Animal (live) 205 Motor vehicle in transport 206 Parked motor vehicle 207 Falling/shifting cargo or anything set in motion by motor vehicle 208 Work zone/maintenance equipment 298 Other non-fixed object	Type of Collision 100 Single vehicle crash 200 Front to rear 201 Front to front 202 Angle 203 Sideswipe, same direction 204 Sideswipe, opposite direction 205 Rear to side 206 Rear to rear 980 Other (describe below)	Intersection 000 Not an intersection 100 Four-way intersection 101 T-Intersection 102 Y-Intersection 103 L-Intersection 104 Traffic circle 105 Roundabout 106 Five-point or more 999 Unknown	Light Condition 100 Daylight 101 Dawn 102 Dusk 103 Dark - lighted 104 Dark - not lighted 105 Dark - unknown lighting 198 Other	Roadway Conditions Check all that apply: <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Backup due to prior crash <input type="checkbox"/> 101 Backup due to prior non-recurring incident <input type="checkbox"/> 102 Backup due to regular congestion <input type="checkbox"/> 103 Toll booth / plaza related <input type="checkbox"/> 104 Road surface condition (wet, icy, snow, slush, etc.) <input type="checkbox"/> 105 Debris <input type="checkbox"/> 106 Ruts, holes, or bumps <input type="checkbox"/> 107 Work zone <input type="checkbox"/> 108 Worn, travel-polished surface <input type="checkbox"/> 109 Obstruction in roadway <input type="checkbox"/> 110 Traffic control device inoperative, missing, or obscured <input type="checkbox"/> 111 Shoulders (none, low, soft, high) <input type="checkbox"/> 112 Non-highway work <input type="checkbox"/> 198 Other
Collision with Fixed Object 300 Impact attenuator/crash cushion 301 Bridge overhead structure 302 Bridge pier or support 303 Bridge rail 304 Cable barrier 305 Culvert 306 Curb 307 Ditch 308 Embankment 309 Guardrail face 310 Guardrail end 311 Concrete traffic barrier 312 Other traffic barrier 313 Tree (standing) 314 Utility pole/light support 315 Traffic sign support 316 Traffic signal support 317 Other post, pole, or support 318 Fence 319 Mailbox 320 Building 398 Other fixed object	Relation to Junction 000 Non-junction 100 Intersection 101 Intersection related 102 Entrance or exit ramp 103 Entrance or exit ramp related 104 Railway grade crossing 105 Crossover related 106 Driveway access 107 Driveway access related 108 Shared-use path or trail 109 Acceleration or deceleration lane 110 Through roadway 198 Other location within an interchange area (median, shoulder, and roadside) 999 Unknown	Road System 100 Interstate 101 US highway 102 State highway 103 County road 104 City street 105 Frontage road 106 Ramp 999 Unknown	Environmental Factors Check all that apply: <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Weather conditions <input type="checkbox"/> 101 Visual obstructions <input type="checkbox"/> 102 Glare <input type="checkbox"/> 103 Animals in roadway <input type="checkbox"/> 198 Other	Property Classification 100 Public property 101 Private property
999 Unknown	Trafficway Classification 100 Trafficway, on road 101 Trafficway, not on road 102 Non-trafficway (describe below)	100	100	100

If 198, 298, or 398, describe:

WORK ZONE CRASH INFORMATION



Work Zone 000 No 100 Yes 999 Unknown	Location Relative to Work Zone 100 Before the first work zone warning sign 101 Advance warning area 102 Transition area 103 Activity area 104 Termination area 970 Not applicable 999 Unknown	Work Zone Type 100 Lane closure 101 Lane shift or crossover 102 Work on shoulder or median 103 Intermittent or moving work 198 Other	Worker(s) Present 000 No 100 Yes 970 Not applicable 999 Unknown	Law Enforcement Present 000 No law enforcement presence 100 Officer present 101 Law enforcement vehicle only present 970 Not applicable 999 Unknown
970 Not applicable 999 Unknown	970	970	970	970

CRASH REPORT - CRASH SUMMARY

Page 2 of 12

NON-VEHICULAR PROPERTY DAMAGE

WITNESSES' CONTACT INFORMATIONCRASH REPORT - ATTACHMENTS / PROPERTY DAMAGE / WITNESSES

Motor-Vehicle # 		ARKANSAS MOTOR VEHICLE CRASH REPORT VEHICLE INFORMATION				Page 3 of 12														
Crash Report # 18L011716																				
DESCRIPTION AND IDENTIFICATION																				
Check if this vehicle had no driver <input type="checkbox"/>	Hit and Run 000 No, did not leave the scene 001 No, vehicle & driver left the scene 002 No, only driver left the scene	100 Yes, vehicle & driver left the scene 101 Yes, only driver left the scene	000	Vehicle Body Type Passenger Vehicles 100 2-door 101 4-door 102 Hatchback 103 Convertible 104 Station wagon 105 Pick-up 106 Mini-van 107 Passenger van (seats any number if personal; up to 8 if business) 108 Cargo van (10,000 lbs or less) 109 Sport utility vehicle 110 Large utility vehicle 111 Motor home/recreational vehicle 198 Other passenger vehicle	109															
VIN 1GKEC13R9XJ783468			Vehicle Year, Make, and Model 1999 GMC Full-size Jimmy/Yukon Year: 1999 Make: GMC Model: Full-size Jimmy/Yukon																	
License Plate IN 1999 WUN409 State: IN Number: WUN409 Year: 2018			<input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details)																	
Trailer #1 License Plate State: Number:			<input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details)																	
Trailer #2 License Plate State: Number:			<input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details)																	
Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown ROBERT L SHAW			200 Single unit truck (2 axles) 201 Single unit truck (3 or more axles) 202 Single unit truck with trailer 203 Truck tractor only (bobtail) 204 Tractor/semi-trailer 205 Tractor/doubles 206 Construction/maintenance equipment 207 Farm equipment 298 Other heavy vehicle (GVWR/GCWR > 10,000 lbs) Truck (> 10,000 lbs) 200 Single unit truck (2 axles) 201 Single unit truck (3 or more axles) 202 Single unit truck with trailer 203 Truck tractor only (bobtail) 204 Tractor/semi-trailer 205 Tractor/doubles 206 Construction/maintenance equipment 207 Farm equipment 298 Other heavy vehicle (GVWR/GCWR > 10,000 lbs) Bus / Van / Limo (9 or more seats, including driver) 300 School bus 301 Transit/city bus 302 Motor coach/intercity/cross-country bus 303 Limousine 304 Van (seats 9-15, including driver) 390 Other vehicle (seats 9-15, including driver) 391 Other vehicle (seats 16 or more, including driver)																	
Owner Address <input checked="" type="checkbox"/> Same as driver <input type="checkbox"/> Unknown 210 NICKENS ST HOT SPRINGS NA AR 71913 Street City State Postal Code			400 Motorcycle 401 Motor scooter 402 Moped 403 ATV (3, 4, or 6 wheels) 404 Snowmobile 405 Golf cart 406 Low speed vehicle 498 Other motorized cycle/low speed vehicle Cycle / Low Speed 400 Motorcycle 401 Motor scooter 402 Moped 403 ATV (3, 4, or 6 wheels) 404 Snowmobile 405 Golf cart 406 Low speed vehicle 498 Other motorized cycle/low speed vehicle																	
Motor Carrier Type 000 000 Personal transportation 100 Interstate carrier 101 Intrastate carrier 102 Not in commerce - government 103 Not in commerce - other truck 999 Unknown			Motor Carrier ID Numbers USDOT # MC/MX # State # State																	
Motor Carrier Name <input type="checkbox"/> Unknown			Motor Carrier Address <input type="checkbox"/> Unknown Street City State Postal Code																	
Cargo Body Type 000 No cargo body 100 Bus 101 Van / enclosed box 102 Grain / chips / gravel 103 Pole trailer 104 Cargo tank 105 Log 106 Intermodal container chassis 107 Vehicle towing another vehicle 108 Flatbed 109 Dump 110 Concrete mixer 111 Auto transporter 112 Garbage / refuse 198 Other 999 Unknown			000 Unknown 999 Unknown type of motor vehicle If 198, 298, 390, 391, or 498, describe below:																	
GVWR/GCWR 970 100 10,000 lbs or less 101 10,001 - 26,000 lbs 102 More than 26,000 lbs 970 Not applicable		Hazardous Materials Placard 000 000 Placard not required 100 Placard displayed 200 Placard required but not displayed 999 Unknown		Hazardous Material ID (4-digit # or name from middle of diamond or rectangular box) Hazardous Material Class (1-digit # from bottom of diamond)																
Hazardous Materials Released from Vehicle Cargo Compartment 970 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable (not carrying hazardous materials)																				
INSURANCE																				
Insurance <input checked="" type="checkbox"/> Uninsured at time of crash <input type="checkbox"/> Unknown (fill in any known details)		Damage Severity 101 000 No damage 100 Minor damage 101 Functional damage 102 Disabling damage 999 Unknown		Initial Contact Point (check 1) <table border="1" style="width: 100%; text-align: center;"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td>6</td><td></td><td></td><td></td><td>12</td></tr> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr> </table>		7	8	9	10	11	6				12	5	4	3	2	1
7	8	9	10	11																
6				12																
5	4	3	2	1																
Insurance Company 		Damage Estimate \$4,000		Damaged Areas (check all that apply) <table border="1" style="width: 100%; text-align: center;"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td>6</td><td></td><td></td><td></td><td>12</td></tr> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr> </table>		7	8	9	10	11	6				12	5	4	3	2	1
7	8	9	10	11																
6				12																
5	4	3	2	1																
NAIC #		Damage Prior to the Crash <input checked="" type="checkbox"/> No prior damage <input type="checkbox"/> Yes (describe below)		<input type="checkbox"/> 000 Non-collision <input type="checkbox"/> 100 Cargo loss <input type="checkbox"/> 113 Top <input type="checkbox"/> 114 Undercarriage <input type="checkbox"/> 999 Unknown																
Policy #				<input type="checkbox"/> 097 No damage <input type="checkbox"/> 113 Top <input type="checkbox"/> 114 Undercarriage <input type="checkbox"/> 999 Unknown																
TOWING																				
Towed 100 000 Not towed 100 Towed, but not due to disabling damage 101 Towed due to disabling damage		Towed By Xtreme Towing and Recovery Towed To 110 Technology Place Hot Springs AR 71901 Street City State Postal Code																		

Motor Vehicle # 1		ARKANSAS MOTOR VEHICLE CRASH REPORT		Page 4 of 12																																				
VEHICLE INFORMATION		Crash Report # 18L011716																																						
MOTOR VEHICLE CIRCUMSTANCES																																								
Vehicle Usage 000 No special function 100 Taxi 101 School bus/school transport 102 Church bus 103 Transit/commuter bus 104 Intercity bus 105 Charter/tour bus 106 Shuttle bus 107 Military 108 Police 109 Ambulance 110 Fire truck 111 Non-transport emergency services vehicle 112 Incident response 999 Unknown	000	Emergency Vehicle Usage 100 Non-emergency, non-transport 101 Non-emergency transport 102 Emergency operation, emergency warning equipment not in use 103 Emergency operation, emergency warning equipment in use 970 Not applicable 999 Unknown	970	Vehicle Maneuver 100 Movement essentially straight ahead 101 Negotiating a curve 102 Backing 103 Changing lanes 104 Overtaking/passing 105 Turning right 106 Turning left 107 Making U-turn 108 Leaving traffic lane 109 Entering traffic lane 110 Slowing 111 Parked 112 Stopped in traffic 998 Other																																				
		Travel Direction	100																																					
		100 Northbound 101 Southbound 102 Eastbound 103 Westbound 104 Not on roadway 999 Unknown																																						
Vehicle Defects <i>Check all that apply.</i> <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Brake <input type="checkbox"/> 103 Steering <input type="checkbox"/> 106 Tires <input type="checkbox"/> 109 Tail lights <input type="checkbox"/> 112 Mirrors <input type="checkbox"/> 115 Fuel system <input type="checkbox"/> 198 Other <input type="checkbox"/> 999 Unknown		<input type="checkbox"/> 101 Exhaust system <input type="checkbox"/> 104 Power train <input type="checkbox"/> 107 Wheels <input type="checkbox"/> 110 Turn signals <input type="checkbox"/> 113 Wipers <input type="checkbox"/> 116 Cruise control <input type="checkbox"/> 102 Body or doors <input type="checkbox"/> 105 Suspension <input type="checkbox"/> 108 Headlights <input type="checkbox"/> 111 Windows or windshield <input type="checkbox"/> 114 Truck coupling, trailer, hitch, or safety chains																																						
		Traffic Control Device Types and Statuses <i>Check the box next to each traffic control device that was present at the location of the crash. Use the codes to the right to record the status of each traffic control device present.</i>																																						
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Traffic Control Device Type <i>Check all that apply.</i></th> <th style="text-align: center;">Device Status <i>Use above codes.</i></th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 000 None</td><td></td></tr> <tr><td><input type="checkbox"/> 100 Flashing traffic control signal</td><td></td></tr> <tr><td><input type="checkbox"/> 101 Traffic control signal</td><td></td></tr> <tr><td><input type="checkbox"/> 102 Stop sign</td><td></td></tr> <tr><td><input type="checkbox"/> 103 Yield sign</td><td></td></tr> <tr><td><input type="checkbox"/> 104 Slow or warning sign</td><td></td></tr> <tr><td><input type="checkbox"/> 105 Person (officer, flagman, crossing guard)</td><td></td></tr> <tr><td><input type="checkbox"/> 106 School zone sign/device</td><td></td></tr> <tr><td><input type="checkbox"/> 107 Pedestrian signal</td><td></td></tr> <tr><td><input type="checkbox"/> 108 No passing signal</td><td></td></tr> <tr><td><input type="checkbox"/> 109 Words or symbols painted on roadway</td><td></td></tr> <tr><td><input checked="" type="checkbox"/> 110 Traffic lanes marked</td><td style="text-align: center;">100</td></tr> <tr><td><input type="checkbox"/> 111 Railway crossing with gate and signals</td><td></td></tr> <tr><td><input type="checkbox"/> 112 Railway crossing with flashing signals only</td><td></td></tr> <tr><td><input type="checkbox"/> 113 Railway crossing with crossbuck only</td><td></td></tr> <tr><td><input type="checkbox"/> 198 Other:</td><td></td></tr> <tr><td><input type="checkbox"/> 999 Unknown</td><td></td></tr> </tbody> </table>			Traffic Control Device Type <i>Check all that apply.</i>	Device Status <i>Use above codes.</i>	<input type="checkbox"/> 000 None		<input type="checkbox"/> 100 Flashing traffic control signal		<input type="checkbox"/> 101 Traffic control signal		<input type="checkbox"/> 102 Stop sign		<input type="checkbox"/> 103 Yield sign		<input type="checkbox"/> 104 Slow or warning sign		<input type="checkbox"/> 105 Person (officer, flagman, crossing guard)		<input type="checkbox"/> 106 School zone sign/device		<input type="checkbox"/> 107 Pedestrian signal		<input type="checkbox"/> 108 No passing signal		<input type="checkbox"/> 109 Words or symbols painted on roadway		<input checked="" type="checkbox"/> 110 Traffic lanes marked	100	<input type="checkbox"/> 111 Railway crossing with gate and signals		<input type="checkbox"/> 112 Railway crossing with flashing signals only		<input type="checkbox"/> 113 Railway crossing with crossbuck only		<input type="checkbox"/> 198 Other:		<input type="checkbox"/> 999 Unknown	
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<input type="checkbox"/> 198 Other:																																								
<input type="checkbox"/> 999 Unknown																																								
Trafficway Description 100 One-way trafficway 200 Two-way, not divided 201 Two-way, not divided, with a continuous left turn lane 300 Two-way, divided, unprotected (painted >4 feet) median 400 Two-way, divided, positive cable barrier 401 Two-way, divided, positive concrete barrier 498 Two-way, divided, other type of positive barrier 999 Unknown		200	Roadway Surface	101																																				
			100 Concrete 101 Asphalt 102 Gravel 103 Dirt 198 Other 999 Unknown																																					
Roadway Grade 100 Level 101 Hillcrest 102 Uphill 103 Downhill 104 Sag (bottom) 999 Unknown		100	Roadway Alignment	100																																				
			100 Straight 200 Curve left 201 Curve right 299 Curve, direction unknown 999 Unknown																																					
Total # of Lanes 3		Posted Speed Limit Use the posted speed limit that applied to this vehicle at the time of the crash. 30																																						
MOTOR VEHICLE EVENTS																																								
Sequence of Events 1 <input type="text" value="205"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/>																																								
Most Harmful Event <input type="text" value="205"/>																																								
Non-Collision 100 Overtum/rollover 101 Fire/explosion 102 Immersion, full or partial 103 Jackknife 104 Cargo/equipment loss or shift 105 Equipment failure (blown tire, brake failure, etc.) 106 Separation of units 107 Ran off roadway right 108 Ran off roadway left 109 Deliberately crossed median 110 Unintentionally crossed median 111 Crossed centerline 112 Downhill runaway 113 Fell/jumped from motor vehicle 114 Reentering roadway 115 Object thrown or fallen on or near motor vehicle 198 Other non-collision	Collision with Non-Fixed Object 200 Pedestrian 201 Pedalcycle 202 Other non-motorist 203 Railway vehicle (train, engine) 204 Animal (live) 205 Motor vehicle in transport 206 Parked motor vehicle 207 Falling/shifting cargo or anything set in motion by motor vehicle 208 Work zone/maintenance equipment 298 Other non-fixed object	Collision with Fixed Object 300 Impact attenuator/crash cushion 301 Bridge overhead structure 302 Bridge pier or support 303 Bridge rail 304 Cable barrier 305 Culvert 306 Curb 307 Ditch 308 Embankment 309 Guardrail face 310 Guardrail end 311 Concrete traffic barrier 312 Other traffic barrier 313 Tree (standing) 314 Utility pole/light support 315 Traffic sign support 316 Traffic signal support 317 Other post, pole, or support	Unknown 318 Fence 319 Mailbox 320 Building 398 Other fixed object 999 Unknown <i>If 198, 298, or 398 is used, describe below:</i>																																					

Motor Vehicle # 1		ARKANSAS MOTOR VEHICLE CRASH REPORT				Page 5 of 12																																																																									
DRIVER INFORMATION				Crash Report # 18L011716																																																																											
Name <input type="checkbox"/> Unknown SHAW ERIC		Date of Birth/Age 03/24/1976 Age: 42		Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		Race 100 100 White/Caucasian 101 Black/African-American 102 Hispanic 103 Asian/Pacific Islander 104 American Indian 198 Other 999 Unknown																																																																									
Address <input type="checkbox"/> Unknown 210 NICKENS ST		HOT SPRINGS NA AR 71913																																																																													
<small>Last First Middle Suffix</small>		<small>City State Postal Code</small>																																																																													
DRIVER LICENSE INFORMATION																																																																															
License Status 200		License Number 902746301		Restrictions on License <small>Check all that apply.</small>		Restrictions Violated <small>Check all that apply.</small>																																																																									
000 Not licensed 100 Valid license 200 Suspended 201 Revoked 202 Expired 203 Cancelled or denied 204 Disqualified 999 Unknown		License State AR License Class D		<input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 With licensed adult <input type="checkbox"/> 101 Corrective lenses <input type="checkbox"/> 102 Mechanical aid <input type="checkbox"/> 103 Prosthetic aid <input type="checkbox"/> 104 Automatic transmission <input type="checkbox"/> 105 Outside mirror <input type="checkbox"/> 106 Daylight only <input type="checkbox"/> 107 Class B or C with passengers and class D <input type="checkbox"/> 108 Class C only with passengers <input type="checkbox"/> 109 Vehicles without airbrakes <input type="checkbox"/> 110 Interlock device <input type="checkbox"/> 111 School, church, or transit bus <input type="checkbox"/> 112 Class D only with passengers <input type="checkbox"/> 113 Diesel fuel, fertilizer only <input type="checkbox"/> 114 Seasonal farm service vehicle <input type="checkbox"/> 198 Other (describe below)		<input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 With licensed adult <input type="checkbox"/> 101 Corrective lenses <input type="checkbox"/> 102 Mechanical aid <input type="checkbox"/> 103 Prosthetic aid <input type="checkbox"/> 104 Automatic transmission <input type="checkbox"/> 105 Outside mirror <input type="checkbox"/> 106 Daylight only <input type="checkbox"/> 107 Class B or C with passengers and class D <input type="checkbox"/> 108 Class C only with passengers <input type="checkbox"/> 109 Vehicles without airbrakes <input type="checkbox"/> 110 Interlock device <input type="checkbox"/> 111 School, church, or transit bus <input type="checkbox"/> 112 Class D only with passengers <input type="checkbox"/> 113 Diesel fuel, fertilizer only <input type="checkbox"/> 114 Seasonal farm service vehicle <input type="checkbox"/> 198 Other (describe below)																																																																									
Endorsements on License <small>Check all that apply.</small>		Endorsements Violated <small>Check all that apply.</small>																																																																													
<input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Double/triple trailers <input type="checkbox"/> 101 Passenger <input type="checkbox"/> 102 Tank vehicle <input type="checkbox"/> 103 Hazardous materials <input type="checkbox"/> 104 Tank vehicle & hazardous materials <input type="checkbox"/> 105 School <input type="checkbox"/> 106 Motorcycle <input type="checkbox"/> 107 Motor driven cycle <input type="checkbox"/> 108 Valid without photo <input type="checkbox"/> 198 Other (describe below)		<input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Double/triple trailers <input type="checkbox"/> 101 Passenger <input type="checkbox"/> 102 Tank vehicle <input type="checkbox"/> 103 Hazardous materials <input type="checkbox"/> 104 Tank vehicle & hazardous materials <input type="checkbox"/> 105 School <input type="checkbox"/> 106 Motorcycle <input type="checkbox"/> 107 Motor driven cycle <input type="checkbox"/> 108 Valid without photo <input type="checkbox"/> 198 Other (describe below)																																																																													
DRIVER SEATING AND SAFETY INFORMATION																																																																															
Seating Position 110		Restraint Systems Used 100		Motorcycle Helmet Usage 000																																																																											
Standard Vehicle Seats <table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="5">Front</th></tr> <tr><th>Row</th><th>Left</th><th>Middle</th><th>Right</th><th>Other</th></tr> <tr><td>1</td><td>110</td><td>120</td><td>130</td><td>180</td></tr> <tr><td>2</td><td>210</td><td>220</td><td>230</td><td>280</td></tr> <tr><td>3</td><td>310</td><td>320</td><td>330</td><td>380</td></tr> <tr><td>4</td><td>410</td><td>420</td><td>430</td><td>480</td></tr> <tr><td>5</td><td>510</td><td>520</td><td>530</td><td>580</td></tr> </table>		Front					Row	Left	Middle	Right	Other	1	110	120	130	180	2	210	220	230	280	3	310	320	330	380	4	410	420	430	480	5	510	520	530	580	Other Seating Positions 800 Sleeper section of cab (truck) 801 Passenger section of bus 802 Enclosed passenger/cargo area 803 Unenclosed passenger/cargo area 804 Passenger/cargo area, unknown if enclosed 805 Trailing unit 806 Riding on motor vehicle exterior Unknown 999 Unknown		000 None used - motor vehicle occupant 100 Shoulder and lap belt used 101 Shoulder belt only used 102 Lap belt only used 103 Restraint used - type unknown 104 Child restraint system - forward facing 105 Child restraint system - rear facing 106 Booster seat 107 Child restraint - type unknown 198 Other 970 Not applicable 999 Unknown		000 No helmet worn 100 DOT-compliant motorcycle helmet worn 101 Non-DOT-compliant motorcycle helmet worn 102 Helmet worn, unknown if DOT-compliant 999 Unknown if helmet worn Eye Protection Usage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown																																						
Front																																																																															
Row	Left	Middle	Right	Other																																																																											
1	110	120	130	180																																																																											
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5	510	520	530	580																																																																											
Bus Seating Position <small>(Complete if 801 was selected for Seating Position above.)</small>		Air Bags Deployed <small>Check all that apply:</small>		Ejection 000		Extrication 000																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="3">Driver</th><th colspan="3">Front</th><th colspan="3">Aisle</th></tr> <tr><td>1A</td><td>1B</td><td>1C</td><td>1D</td><td>1E</td><td>1F</td><td>1D</td><td>1E</td><td>1F</td></tr> <tr><td>2A</td><td>2B</td><td>2C</td><td>2D</td><td>2E</td><td>2F</td><td>2D</td><td>2E</td><td>2F</td></tr> <tr><td>3A</td><td>3B</td><td>3C</td><td>3D</td><td>3E</td><td>3F</td><td>3D</td><td>3E</td><td>3F</td></tr> <tr><td>4A</td><td>4B</td><td>4C</td><td>4D</td><td>4E</td><td>4F</td><td>4D</td><td>4E</td><td>4F</td></tr> <tr><td>5A</td><td>5B</td><td>5C</td><td>5D</td><td>5E</td><td>5F</td><td>5D</td><td>5E</td><td>5F</td></tr> <tr><td>...</td><td>...</td><td>...</td><td>...</td><td>...</td><td>...</td><td>...</td><td>...</td><td>...</td></tr> <tr><td>##A</td><td>##B</td><td>##C</td><td>##D</td><td>##E</td><td>##F</td><td>##D</td><td>##E</td><td>##F</td></tr> </table>		Driver			Front			Aisle			1A	1B	1C	1D	1E	1F	1D	1E	1F	2A	2B	2C	2D	2E	2F	2D	2E	2F	3A	3B	3C	3D	3E	3F	3D	3E	3F	4A	4B	4C	4D	4E	4F	4D	4E	4F	5A	5B	5C	5D	5E	5F	5D	5E	5F	##A	##B	##C	##D	##E	##F	##D	##E	##F	<input checked="" type="checkbox"/> 000 Not deployed <input type="checkbox"/> 100 Deployed: front <input type="checkbox"/> 101 Deployed: side <input type="checkbox"/> 102 Deployed: curtain <input type="checkbox"/> 198 Deployed: other <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown		000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown Ejection Path 000 Not ejected 100 Side door opening 101 Side window 102 Windshield 103 Back window 104 Back door/tailgate opening 105 Roof opening (sun roof, convertible top down) 106 Roof (convertible top up) 198 Other (e.g., back of pickup truck, torn-off roof, car cut in half)		000 Not extricated 100 Extricated 999 Unknown	
Driver			Front			Aisle																																																																									
1A	1B	1C	1D	1E	1F	1D	1E	1F																																																																							
2A	2B	2C	2D	2E	2F	2D	2E	2F																																																																							
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Motor Vehicle # 1		ARKANSAS MOTOR VEHICLE CRASH REPORT		Page 6 of 12													
DRIVER INFORMATION		Crash Report # 18L011716															
MEDICAL INFORMATION																	
Injury Status 5 1 (K) Fatal Injury 2 (A) Suspected serious injury 3 (B) Suspected minor injury 4 (C) Possible injury 5 (O) No apparent injury		Type of Medical Transportation 000 000 Not transported 100 EMS air 101 EMS ground 102 Law enforcement 198 Other		EMS Notified Date _____ Time _____ EMS Arrived Date _____ Time _____													
Trauma Band # 199 Transported, but method unknown 999 Unknown if transported		Transported to Medical Facility By _____ Medical Facility Transported To _____															
DRIVER CONDITION AND CIRCUMSTANCES																	
Condition at Time of Crash <i>Check all that apply:</i> <input type="checkbox"/> 000 Apparently normal <input type="checkbox"/> 100 Physically impaired <input type="checkbox"/> 101 Emotional (depressed, angry, disturbed, etc.) <input type="checkbox"/> 102 Ill (sick) or fainted <input type="checkbox"/> 103 Asleep or fatigued <input type="checkbox"/> 104 Under the influence of medication or drugs <input type="checkbox"/> 105 Under the influence of alcohol <input type="checkbox"/> 198 Other <input checked="" type="checkbox"/> 999 Unknown		Driver Distracted By 000 000 Not distracted 100 Manually operating an electronic communication device (texting, typing, dialing) 101 Talking on hands-free electronic device 102 Talking on hand-held electronic device 103 Other activity with an electronic device 104 Passenger 980 Other distraction inside the vehicle 981 Other distraction outside the vehicle 999 Unknown if distracted <i>If 980 or 981, describe below:</i> _____		Driver Vision Obscured By 000 000 No obstruction noted 100 Rain, snow, fog, smoke, sand, or dust 101 Reflected glare, bright sunlight, or headlights 102 Curve, hill, or other roadway design feature 103 Building, billboard, or other structure 104 Trees, crops, or vegetation 105 In-transport motor vehicle (including load) 980 Other visual obstruction (describe below) _____ 106 Not in-transport motor vehicle (parked, working) 107 Splash or spray of passing vehicle 108 Inadequate defrost or defog system 109 Inadequate vehicle lighting system 110 Obstruction interior to the vehicle 111 External mirrors 112 Broken or improperly cleaned windshield 113 Obstructing angles on vehicle 199 Vision obscured - no details													
Driver Suspected of Alcohol Usage <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		Alcohol Test Type Given 001 000 No test given 001 Test refused 100 Blood test 101 Breath test 102 Urine test 198 Other type of test 999 Unknown if tested		Alcohol Test Result Status 970 100 Results pending 101 Results received 970 Not applicable 999 Unknown													
		Blood Alcohol Content <input type="checkbox"/> Result received from Crime Lab		Speeding Related 000 000 Not speeding 100 Racing 101 Exceeded speed limit 102 Too fast for conditions 999 Unknown													
Driver Suspected of Drug Usage <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		Drug Test Type Given 001 000 No test given 001 Test refused 100 Blood test 101 Urine test 102 Both blood and urine tests 198 Other type of test 999 Unknown if tested		Drug Test Results <input type="checkbox"/> Result received from Crime Lab Pending/Negative <input type="checkbox"/> 000 Results negative <input type="checkbox"/> 100 Results pending Positive Results (check all that apply) <input type="checkbox"/> 200 Amphetamines <input type="checkbox"/> 201 Barbituates <input type="checkbox"/> 202 Benzodiazepines <input type="checkbox"/> 203 Cannabinoids <input type="checkbox"/> 204 Cocaine <input type="checkbox"/> 205 Methadone <input type="checkbox"/> 298 Other positive result (describe below) _____ Not Applicable/Unknown <input checked="" type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown													
		Citations <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Citation #</th> <th style="width: 50%;">Charges</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>				Citation #	Charges										
Citation #	Charges																
DRIVER ACTIONS AT TIME OF CRASH																	
<i>Check all that apply:</i> <input type="checkbox"/> 000 No contributing action <input type="checkbox"/> 999 Unknown																	
Disregarded Traffic Signs or Controls <input type="checkbox"/> 100 Disregarded red light <input type="checkbox"/> 101 Disregarded other traffic signal <input type="checkbox"/> 102 Disregarded stop sign <input type="checkbox"/> 103 Disregarded yield sign <input type="checkbox"/> 104 Disregarded other traffic sign <input type="checkbox"/> 105 Disregarded other road markings <input type="checkbox"/> 106 Disregarded officer or flagman		Improper Maneuver <input type="checkbox"/> 300 Improper right turn <input type="checkbox"/> 301 Improper left turn <input type="checkbox"/> 302 Improper U-turn <input type="checkbox"/> 303 Improper backing <input type="checkbox"/> 304 Improper passing <input type="checkbox"/> 305 Improper lane change <input type="checkbox"/> 306 Improperly parked		Other Actions <input type="checkbox"/> 600 Impeding traffic <input type="checkbox"/> 601 Ran off roadway <input type="checkbox"/> 602 Crowded off roadway <input type="checkbox"/> 603 Crossing median <input checked="" type="checkbox"/> 604 Failed to yield right-of-way <input type="checkbox"/> 605 Failed to keep in proper lane <input type="checkbox"/> 606 Wrong side of road <input type="checkbox"/> 607 Wrong way <input type="checkbox"/> 608 Followed too closely <input type="checkbox"/> 609 Cutting in <input type="checkbox"/> 610 Over-correcting or over-steering <input type="checkbox"/> 980 Other contributing action (describe below) _____													
Swerved or Avoided <input type="checkbox"/> 200 Swerved or avoided due to wind <input type="checkbox"/> 201 Swerved or avoided due to slippery surface <input type="checkbox"/> 202 Swerved or avoided due to motor vehicle <input type="checkbox"/> 203 Swerved or avoided due to non-motorist in roadway <input type="checkbox"/> 204 Swerved or avoided due to object in roadway <input type="checkbox"/> 205 Swerved or avoided due to animal in roadway		Improper Use of Lights or Signals <input type="checkbox"/> 400 Driving without lights <input type="checkbox"/> 401 Failed to dim headlights <input type="checkbox"/> 402 Failed to or improper signal Unsafe Operation <input type="checkbox"/> 500 Reckless operation <input type="checkbox"/> 501 Aggressive operation <input type="checkbox"/> 502 Inattentive, careless, negligent, or erratic operation <input type="checkbox"/> 503 Under the influence of alcohol <input type="checkbox"/> 504 Under the influence of drugs															

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Motor Vehicle # 2		ARKANSAS MOTOR VEHICLE CRASH REPORT				Page <u>7</u> of <u>12</u>																																																			
VEHICLE INFORMATION		Crash Report # <u>18L011716</u>																																																							
DESCRIPTION AND IDENTIFICATION																																																									
Check if this vehicle had no driver <input type="checkbox"/>		Hit and Run 000 No, did not leave the scene 001 No, vehicle & driver left the scene 002 No, only driver left the scene		100 Yes, vehicle & driver left the scene 101 Yes, only driver left the scene		000 Vehicle Body Type Passenger Vehicles 100 2-door 101 4-door 102 Hatchback 103 Convertible 104 Station wagon 105 Pick-up 106 Mini-van 107 Passenger van (seats any number if personal; up to 8 if business) 108 Cargo van (10,000 lbs or less) 109 Sport utility vehicle 110 Large utility vehicle 111 Motor home/recreational vehicle 198 Other passenger vehicle Truck (> 10,000 lbs) 200 Single unit truck (2 axes) 201 Single unit truck (3 or more axes) 202 Single unit truck with trailer 203 Truck tractor only (bobtail) 204 Tractor/semi-trailer 205 Tractor/doubles 206 Construction/maintenance equipment 207 Farm equipment 298 Other heavy vehicle (GVWR/GCWR > 10,000 lbs) Bus / Van / Limo (9 or more seats, including driver) 300 School bus 301 Transit/city bus 302 Motor coach/intercity/cross-country bus 303 Limousine 304 Van (seats 9-15, including driver) 390 Other vehicle (seats 9-15, including driver) 391 Other vehicle (seats 16 or more, including driver) Cycle / Low Speed 400 Motorcycle 401 Motor scooter 402 Moped 403 ATV (3, 4, or 6 wheels) 404 Snowmobile 405 Golf cart 406 Low speed vehicle 498 Other motorized cycle/low speed vehicle Unknown 999 Unknown type of motor vehicle If 198, 298, 390, 391, or 498, describe below:																																																			
VIN <u>JYARJ12E16A003765</u>		Year <u>2006</u> Make <u>Yamaha</u> Model <u>R6</u> Year Make Model		License Plate AR <u>065BY</u> 2019 State Number Year		Trailer #1 License Plate State Number																																																			
Trailer #2 License Plate State Number		Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown MATTHEW TADLOCK		Owner Address <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown 154A CLUBHOUSE CIR HOT SPRINGS NATIONAL P. AR 71901-9247 Street City State Postal Code		Motor Carrier Type <input type="checkbox"/> 000 000 Personal transportation 100 Interstate carrier 101 Intrastate carrier 102 Not in commerce - government 103 Not in commerce - other truck 999 Unknown																																																			
Motor Carrier ID Numbers USDOT # MC/MX # State #		Motor Carrier Name <input type="checkbox"/> Unknown		Motor Carrier Address <input type="checkbox"/> Unknown Street City State Postal Code		Cargo Body Type 000 No cargo body 100 Bus 101 Van / enclosed box 102 Grain / chips / gravel 103 Pole trailer 104 Cargo tank 105 Log 106 Intermodal container chassis 107 Vehicle towing another vehicle 108 Flatbed 109 Dump 110 Concrete mixer 111 Auto transporter 112 Garbage / refuse 198 Other 999 Unknown																																																			
GVWR/GCWR <input type="checkbox"/> 970 100 10,000 lbs or less 101 10,001 - 26,000 lbs 102 More than 26,000 lbs 970 Not applicable		Hazardous Materials Placard <input type="checkbox"/> 000 000 Placard not required 100 Placard displayed 200 Placard required but not displayed 999 Unknown		Hazardous Material ID (4-digit # or name from middle of diamond or rectangular box) Hazardous Material Class (1-digit # from bottom of diamond)		Hazardous Materials Released from Vehicle Cargo Compartment 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable (not carrying hazardous materials)																																																			
INSURANCE				DAMAGE																																																					
Insurance <input type="checkbox"/> Uninsured at time of crash <input type="checkbox"/> Unknown (fill in any known details) Insurance Company Progressive NAIC # 16322 Policy # 920212578		Damage Severity <input type="checkbox"/> 102 000 No damage 100 Minor damage 101 Functional damage 102 Disabling damage 999 Unknown Damage Estimate \$10,000 Damage Prior to the Crash <input checked="" type="checkbox"/> No prior damage <input type="checkbox"/> Yes (describe below)		Initial Contact Point (check 1) <table border="1" style="width:100%; text-align: center;"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr> </table> 6 <input checked="" type="checkbox"/> 12		7	8	9	10	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1	Damaged Areas (check all that apply) <table border="1" style="width:100%; text-align: center;"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr> </table> 6 <input checked="" type="checkbox"/> 12		7	8	9	10	11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5	4	3	2	1
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TOWING																																																									
Towed <input type="checkbox"/> 101 000 Not towed 100 Towed, but not due to disabling damage 101 Towed due to disabling damage		Towed By Fox Towing Towed To 618 Fox Pass Cutoff Street City State Postal Code		Hot Springs AR 71901																																																					

Motor Vehicle # 2		ARKANSAS MOTOR VEHICLE CRASH REPORT		Page 8 of 12	
VEHICLE INFORMATION		Crash Report # 18L011716			
MOTOR VEHICLE CIRCUMSTANCES					
Vehicle Usage 000		Emergency Vehicle Usage 970		Vehicle Maneuver 100	
000 No special function 100 Taxi 101 School bus/school transport 102 Church bus 103 Transit/commuter bus 104 Intercity bus 105 Charter/tour bus 106 Shuttle bus 107 Military 108 Police 109 Ambulance 110 Fire truck 111 Non-transport emergency services vehicle 112 Incident response 999 Unknown		100 Non-emergency, non-transport 101 Non-emergency transport 102 Emergency operation, emergency warning equipment not in use 103 Emergency operation, emergency warning equipment in use 970 Not applicable 999 Unknown Travel Direction 100 Northbound 101 Southbound 102 Eastbound 103 Westbound 104 Not on roadway 999 Unknown		100 Movement essentially straight ahead 101 Negotiating a curve 102 Backing 103 Changing lanes 104 Overtaking/passing 105 Turning right 106 Turning left 107 Making U-turn 108 Leaving traffic lane 109 Entering traffic lane 110 Slowing 111 Parked 112 Stopped in traffic 198 Other	
Vehicle Defects <i>Check all that apply.</i> <input type="checkbox"/> 000 None <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 100 Brake <input type="checkbox"/> 103 Steering <input type="checkbox"/> 106 Tires <input type="checkbox"/> 109 Tail lights <input type="checkbox"/> 112 Mirrors <input type="checkbox"/> 115 Fuel system <input type="checkbox"/> 198 Other </div> <div> <input type="checkbox"/> 101 Exhaust system <input type="checkbox"/> 104 Power train <input type="checkbox"/> 107 Wheels <input type="checkbox"/> 110 Turn signals <input type="checkbox"/> 113 Wipers <input type="checkbox"/> 116 Cruise control </div> <div> <input type="checkbox"/> 102 Body or doors <input type="checkbox"/> 105 Suspension <input type="checkbox"/> 108 Headlights <input type="checkbox"/> 111 Windows or windshield <input type="checkbox"/> 114 Truck coupling, trailer hitch, or safety chains </div> </div> <input checked="" type="checkbox"/> 999 Unknown		Traffic Control Device Types and Statuses <i>Check the box next to each traffic control device that was present at the location of the crash. Use the codes to the right to record the status of each traffic control device present.</i>			
		<div style="display: flex; justify-content: space-between;"> <div> Traffic Control Device Type <i>Check all that apply.</i> </div> <div> Device Status <i>Use above codes.</i> </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 000 None <input type="checkbox"/> 100 Flashing traffic control signal <input type="checkbox"/> 101 Traffic control signal <input type="checkbox"/> 102 Stop sign <input type="checkbox"/> 103 Yield sign <input type="checkbox"/> 104 Slow or warning sign <input type="checkbox"/> 105 Person (officer, flagman, crossing guard) <input type="checkbox"/> 106 School zone sign/device <input type="checkbox"/> 107 Pedestrian signal <input type="checkbox"/> 108 No passing signal <input type="checkbox"/> 109 Words or symbols painted on roadway <input checked="" type="checkbox"/> 110 Traffic lanes marked <input type="checkbox"/> 111 Railway crossing with gate and signals <input type="checkbox"/> 112 Railway crossing with flashing signals only <input type="checkbox"/> 113 Railway crossing with crossbuck only <input type="checkbox"/> 198 Other <input type="checkbox"/> 999 Unknown </div> <div> 100 Functioning properly 101 Functioning improperly 102 Inoperative or missing 999 Unknown </div> </div>			
Trafficway Description 200		Roadway Surface 101			
100 One-way trafficway 200 Two-way, not divided 201 Two-way, not divided, with a continuous left turn lane 300 Two-way, divided, unprotected (painted >4 feet) median 400 Two-way, divided, positive cable barrier 401 Two-way, divided, positive concrete barrier 498 Two-way, divided, other type of positive barrier 999 Unknown		100 Concrete 101 Asphalt 102 Gravel 103 Dirt 198 Other 999 Unknown			
Roadway Grade 100		Roadway Alignment 100			
100 Level 101 Hillcrest 102 Uphill 103 Downhill 104 Sag (bottom) 999 Unknown		100 Straight 200 Curve left 201 Curve right 299 Curve, direction unknown 999 Unknown			
Total # of Lanes 3		Posted Speed Limit 30			
		<i>Use the posted speed limit that applied to this vehicle at the time of the crash.</i>			
MOTOR VEHICLE EVENTS					
Sequence of Events 1 205 2 3 4 5 6 7 8 9 10 					
Most Harmful Event 205					
Non-Collision		Collision with Non-Fixed Object		Collision with Fixed Object	
100 Overturn/rollover 101 Fire/explosion 102 Immersion, full or partial 103 Jackknife 104 Cargo/equipment loss or shift 105 Equipment failure (blown tire, brake failure, etc.) 106 Separation of units 107 Ran off roadway right 108 Ran off roadway left 109 Deliberately crossed median 110 Unintentionally crossed median 111 Crossed centerline 112 Downhill runaway 113 Fell/jumped from motor vehicle 114 Reentering roadway 115 Object thrown or fallen on or near motor vehicle 198 Other non-collision		200 Pedestrian 201 Pedalcycle 202 Other non-motorist 203 Railway vehicle (train, engine) 204 Animal (live) 205 Motor vehicle in transport 206 Parked motor vehicle 207 Falling/shifting cargo or anything set in motion by motor vehicle 208 Work zone/maintenance equipment 298 Other non-fixed object		300 Impact attenuator/crash cushion 301 Bridge overhead structure 302 Bridge pier or support 303 Bridge rail 304 Cable barrier 305 Culvert 306 Curb 307 Ditch 308 Embankment 309 Guardrail face 310 Guardrail end 311 Concrete traffic barrier 312 Other traffic barrier 313 Tree (standing) 314 Utility pole/light support 315 Traffic sign support 316 Traffic signal support 317 Other post, pole, or support 318 Fence 319 Mailbox 320 Building 398 Other fixed object	
				999 Unknown <i>If 198, 298, or 398 is used, describe below:</i>	

Motor Vehicle # 2	ARKANSAS MOTOR VEHICLE CRASH REPORT				Page 9 of 12																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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Bags Deployed Check all that apply: <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 100 Deployed: front <input type="checkbox"/> 101 Deployed: side <input type="checkbox"/> 102 Deployed: curtain <input type="checkbox"/> 198 Deployed: other <input checked="" type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown			
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		Ejection 970 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown		Extrication 000 000 Not extricated 100 Extricated 999 Unknown																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
		Ejection Path 970 000 Not ejected 100 Side door opening 101 Side window 102 Windshield 103 Back window 104 Back door/tailgate opening 105 Roof opening (sun roof, convertible top down) 106 Roof (convertible top up) 198 Other (e.g., back of pickup truck, torn-off roof, car cut in half)																																																																																																																																																																																																																																																																																																																																																																																																																																																																														

Motor Vehicle # 2		ARKANSAS MOTOR VEHICLE CRASH REPORT				Page 10 of 12	
		DRIVER INFORMATION				Crash Report # 18L011716	
MEDICAL INFORMATION							
Injury Status 1		Type of Medical Transportation 000		EMS Notified		EMS Arrived	
1 (K) Fatal injury 2 (A) Suspected serious injury 3 (B) Suspected minor injury 4 (C) Possible injury 5 (O) No apparent injury		000 Not transported 100 EMS air 101 EMS ground 102 Law enforcement 198 Other		04/20/2018 11:11 PM <small>Date Time</small>		04/20/2018 11:14 PM <small>Date Time</small>	
Trauma Band #		Transported to Medical Facility By					
		Medical Facility Transported To					
		199 Transported, but method unknown 999 Unknown if transported					
DRIVER CONDITION AND CIRCUMSTANCES							
Condition at Time of Crash <small>Check all that apply:</small>		Driver Distracted By 999		Driver Vision Obscured By 980			
<input type="checkbox"/> 000 Apparently normal <input type="checkbox"/> 100 Physically impaired <input type="checkbox"/> 101 Emotional (depressed, angry, disturbed, etc.) <input type="checkbox"/> 102 Ill (sick) or fainted <input type="checkbox"/> 103 Asleep or fatigued <input type="checkbox"/> 104 Under the influence of medication or drugs <input type="checkbox"/> 105 Under the influence of alcohol <input type="checkbox"/> 198 Other <input checked="" type="checkbox"/> 999 Unknown		000 Not distracted 100 Manually operating an electronic communication device (texting, typing, dialing) 101 Talking on hands-free electronic device 102 Talking on hand-held electronic device 103 Other activity with an electronic device 104 Passenger 980 Other distraction inside the vehicle 981 Other distraction outside the vehicle 999 Unknown if distracted <small>If 980 or 981, describe below:</small>		000 No obstruction noted 100 Rain, snow, fog, smoke, sand, or dust 101 Reflected glare, bright sunlight, or headlights 102 Curve, hill, or other roadway design feature 103 Building, billboard, or other structure 104 Trees, crops, or vegetation 105 In-transport motor vehicle (including load) 980 Other visual obstruction (describe below) Unknown			
Driver Suspected of Alcohol Usage		Alcohol Test Type Given 000		Alcohol Test Result Status 970		Blood Alcohol Content	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		000 No test given 001 Test refused 100 Blood test 101 Breath test 102 Urine test 198 Other type of test 999 Unknown if tested		100 Results pending 101 Results received 970 Not applicable 999 Unknown		000 Not speeding 100 Racing 101 Exceeded speed limit 102 Too fast for conditions 999 Unknown <input type="checkbox"/> Result received from Crime Lab	
Driver Suspected of Drug Usage		Drug Test Type Given 000		Drug Test Results		Citations	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		000 No test given 001 Test refused 100 Blood test 101 Urine test 102 Both blood and urine tests 198 Other type of test 999 Unknown if tested		<input type="checkbox"/> Pending/Negative <input type="checkbox"/> Positive Results (check all that apply) 000 Results negative 100 Results pending 200 Amphetamines 201 Barbituates 202 Benzodiazepines 203 Cannabinoids 204 Cocaine 205 Methadone 298 Other positive result (describe below)		<input type="checkbox"/> Result received from Crime Lab <input checked="" type="checkbox"/> Not Applicable/Unknown 970 Not applicable 999 Unknown 206 Methamphetamines 207 Opiates 208 Oxycodone 209 Propoxyphene 210 Phencyclidine (PCP)	
						Citation # Charges 	
DRIVER ACTIONS AT TIME OF CRASH							
<small>Check all that apply:</small>							
<input type="checkbox"/> 000 No contributing action <input checked="" type="checkbox"/> 999 Unknown							
Disregarded Traffic Signs or Controls		Improper Maneuver		Other Actions			
<input type="checkbox"/> 100 Disregarded red light <input type="checkbox"/> 101 Disregarded other traffic signal <input type="checkbox"/> 102 Disregarded stop sign <input type="checkbox"/> 103 Disregarded yield sign <input type="checkbox"/> 104 Disregarded other traffic sign <input type="checkbox"/> 105 Disregarded other road markings <input type="checkbox"/> 106 Disregarded officer or flagman		<input type="checkbox"/> 300 Improper right turn <input type="checkbox"/> 301 Improper left turn <input type="checkbox"/> 302 Improper U-turn <input type="checkbox"/> 303 Improper backing <input type="checkbox"/> 304 Improper passing <input type="checkbox"/> 305 Improper lane change <input type="checkbox"/> 306 Improperly parked		<input type="checkbox"/> 600 Impeding traffic <input type="checkbox"/> 601 Ran off roadway <input type="checkbox"/> 602 Crowded off roadway <input type="checkbox"/> 603 Crossing median <input type="checkbox"/> 604 Failed to yield right-of-way <input type="checkbox"/> 605 Failed to keep in proper lane <input type="checkbox"/> 606 Wrong side of road <input type="checkbox"/> 607 Wrong way <input type="checkbox"/> 608 Followed too closely <input type="checkbox"/> 609 Cutting in <input type="checkbox"/> 610 Over-correcting or over-steering <input type="checkbox"/> 980 Other contributing action (describe below)			
Swerved or Avoided		Improper Use of Lights or Signals					
<input type="checkbox"/> 200 Swerved or avoided due to wind <input type="checkbox"/> 201 Swerved or avoided due to slippery surface <input type="checkbox"/> 202 Swerved or avoided due to motor vehicle <input type="checkbox"/> 203 Swerved or avoided due to non-motorist in roadway <input type="checkbox"/> 204 Swerved or avoided due to object in roadway <input type="checkbox"/> 205 Swerved or avoided due to animal in roadway		<input type="checkbox"/> 400 Driving without lights <input type="checkbox"/> 401 Failed to dim headlights <input type="checkbox"/> 402 Failed to or improper signal					
		Unsafe Operation					
		<input type="checkbox"/> 500 Reckless operation <input type="checkbox"/> 501 Aggressive operation <input type="checkbox"/> 502 Inattentive, careless, negligent, or erratic operation <input type="checkbox"/> 503 Under the influence of alcohol <input type="checkbox"/> 504 Under the influence of drugs					

533464

ARKANSAS MOTOR VEHICLE CRASH REPORT
NARRATIVE

Page 11 of 12

Crash Report # 18L011716

Driver of V2, Tadlock, was southbound on SH 7 (Central Avenue) in the inside (left) lane approaching its intersection with Orange Street. Driver of V1, Shaw, was northbound on SH 7 (Central Avenue) and was attempting to turn left (West) onto Orange Street. V1 turned in front of V2. The front of V2 struck the rear passenger (right) side of V1 just behind the rear tire.

533464

Scene #

1

ARKANSAS MOTOR VEHICLE CRASH REPORT
DIAGRAM

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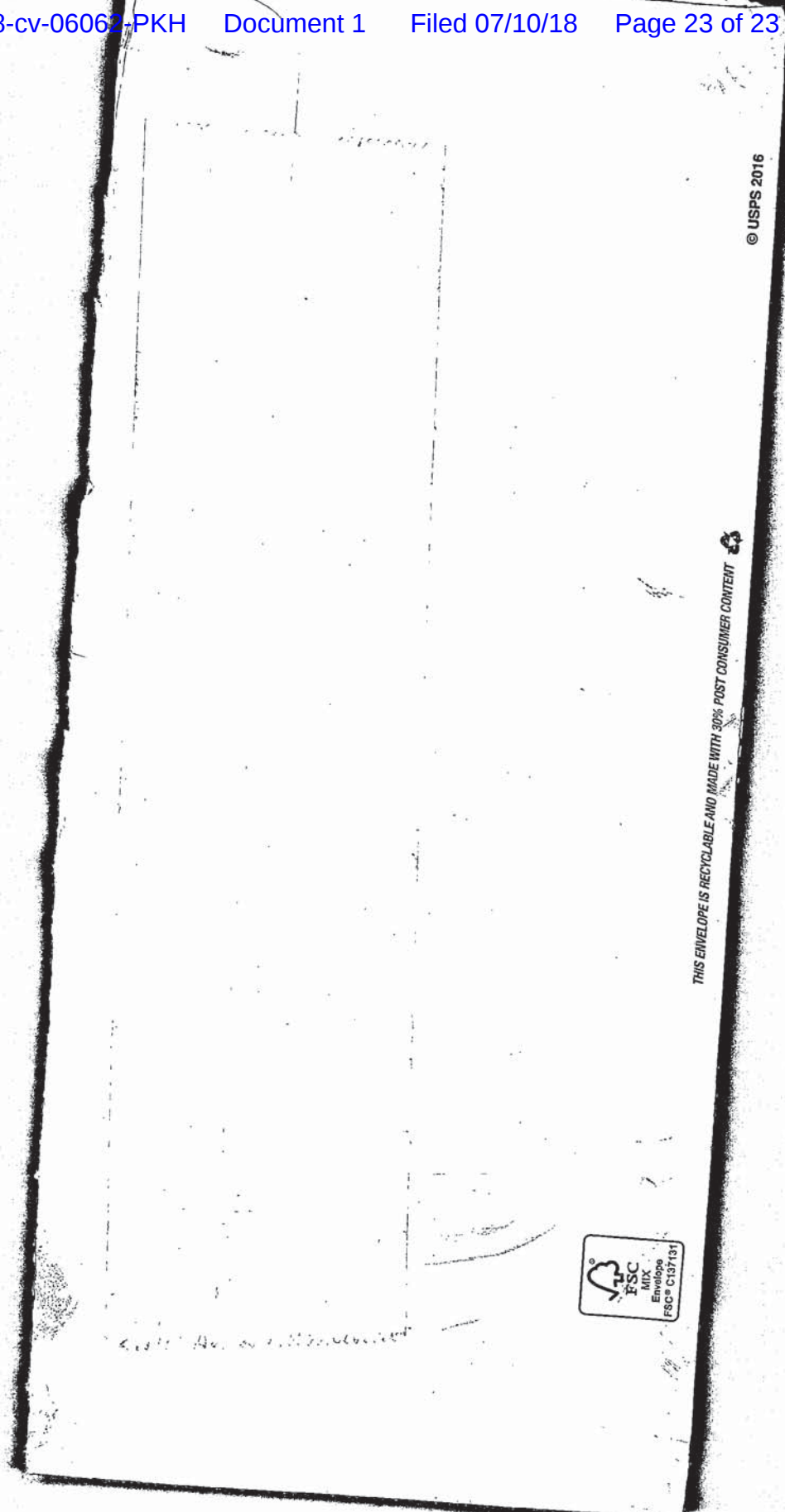
Crash Report # 18L011716

Diagram pending investigation

ERIC SHAW
GENERAL DELIVERY
Colorado Springs, CO
80903

U.S. DISTRICT COURT
OFFICE OF THE CLERK
30 S 6th Street Room 1038
Fort Smith, AR 72901





THIS ENVELOPE IS RECYCLABLE AND MADE WITH 30% POST CONSUMER CONTENT

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